First Health Services Corporation

PPI and H2 BLOCKER Request Form (MAP-82101, revised 5/15/07)

FAX to **800-365-8835** (toll free)

For **URGENT** Requests Only, FAX to **800-421-9064** (toll free)
For **NURSING FACILITY** Requests Only, FAX to **800-453-2273** (toll free)

Approval does not ensure eligibility. Please verify Medicaid eligibility before completing this form.

MAIL to PA Unit, 14955 Heathrow Forest Pkwy. Houston, TX 77032
Put return address below:

SUBMITTED BY: [ ] Prescriber [ ] Pharmacy

RECIPIENT NAME	MAID # (10 digits)	DATE OF BIRTH
	_ _ _ _ _ _ _ _ _ _	

First Health is directed to FAX a response to the following fax number (s):	*Prescriber Fax # (Print Clearly)*	*and / or*	*Pharmacy Fax # (Print Clearly)*

	PRESCRIBER Information	PHARMACY Information	
Name			
Phone #			
State License # or NPI # *(Not DEA# or Any other #)*		**NPI #** *(Not DEA #)*	

Name of Drug Requested	Dosage Form	Strength	Quantity	Directions for use	Start Date for this PA	National Drug Code (if known)

YES	NO	Unknown	
[ ]	[ ]	[ ]	is the request for brand name only (if generic is available)? If yes, prescriber must handwrite *Brand Necessary* & sign beside it: _____
[ ]	[ ]	[ ]	Has the requested drug been prior authorized previously?
[ ]	[ ]	[ ]	Has endoscopy or an esophagram been done? Give date of exam & results: _____ _____
[ ]	[ ]	[ ]	For PPI requests: Is the request for initial or new treatment with a PPI?
[ ]	[ ]	[ ]	For PPI requests: Has the recipient been treated for more than 12 weeks with PPIs during the past 6 months?

DIAGNOSIS (check one)

[ ] Barrett's esophagitis
[ ] Duodenal ulcer, acute or recurring
[ ] Esophageal stricture
[ ] Gastric cancer, current or previous
[ ] Gastric Ulcer, acute or recurring
[ ] GERD (Gastroesophageal Reflux Disease)
[ ] GERD grade III-V, continuing symptomatic
[ ] GERD , atypical with chronic laryngitis, hoarseness, or cough due to reflux
[ ] *Heliobacter pylori* eradication protocol
[ ] NSAID gastropathy
[ ] Scharzki's ring
[ ] Zollinger-Ellison syndrome
[ ] Other (specify) _____

PPI or H2 Blocker Therapy (List all PPIs and H2 blockers used in the past 3 months	Dosage Form	Strength	Directions for Use	Date treatment started	Date treatment ended

CURRENT MEDICATIONS _____

MEDICAL JUSTIFICATION (including drugs already tried)_____

_____

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